

Republican Precinct Board Form – 2015 Municipal Election

Submit to Republican Party Headquarters
47 S. Pennsylvania St., Suite 300
Indianapolis, IN 46204
Phone: (317) 635-8881
Email: bryceacarpenter@gmail.com



Use this form to nominate your precinct election board members for the Nov. 3, 2015 Municipal Election.

***Reminders: Each person you nominate must:**

- Be a registered voter in MARION County
- Give their name (no nicknames) and address as it appears at Voter Registration
- Show a Republican vote in the most recent primary if they have voted in a primary election
- Cast an absentee vote if they are serving in a precinct other than the one where they reside
- Not related to a candidate on the precinct's ballot

Township: _____

Ward: _____

Precinct: _____

JUDGE: Full Name: _____ DOB: ____/____/____

Address: _____ City & Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Driver's License Number: _____
(may substitute State ID Card or the last four digits of Social Security Number)

Recently Moved or Changed Name?: YES NO

If YES, please give former name and/or address: _____

CLERK: Full Name: _____ DOB: ____/____/____

Address: _____ City & Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Driver's License Number: _____
(may substitute State ID Card or the last four digits of Social Security Number)

Recently Moved or Changed Name?: YES NO

If YES, please give former name and/or address: _____

Republican Precinct Board Form – 2015 Municipal Election (page 2)

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2nd SHIFT POSITIONS

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**JUDGE:** Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_  
(may substitute State ID Card or the last four digits of Social Security Number)  
Recently Moved or Changed Name?: YES NO  
If YES, please give former name and/or address: \_\_\_\_\_

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CLERK: Full Name: _____ DOB: ____/____/____
Address: _____ City & Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail: _____
Driver's License Number: _____
(may substitute State ID Card or the last four digits of Social Security Number)
Recently Moved or Changed Name?: YES NO
If YES, please give former name and/or address: _____

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Submitted Date: \_\_\_\_\_

Precinct Committee-Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Ward Chair-Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_